Communically of Hirginia



State Corporation Commission

I Certify the Following from the Records of the Commission:

CBB Carrier Services, Inc. is a corporation existing under and by virtue of the laws of Virginia, and is in good standing.

The date of incorporation is November 03, 2005.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: November 7, 2005

Joel H. Peck, Clerk of the Commissio



OFFICE OF THE SECRETARY OF STATE

IESSE WHITE • Secretary of State

NOVEMBER 18, 2005

6458-339-5

C T CORPORATION SYSTEM 600 S 2ND ST SPRINGFIELD, IL 62704

RE CBB CARRIER SERVICES, INC.

DEAR SIR OR MADAM:

IT IS OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. ENCLOSED PLEASE FIND THE AUTHORITY ACKNOWLEDGING REGISTRATION.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN ILLINOIS IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED, AS PROVIDED BY SECTION 1.10 OF THE BUSINESS CORPORATION ACT OF THIS STATE. FOR FURTHER INFORMATION CONTACT YOUR RECORDER OF DEEDS.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF QUALIFICATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ. FOR FURTHER INFORMATION, CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION TELEPHONE (217) 782-6961

JW:CD

FORM BCA 13.15 (rev. Dec. 2003)
APPLICATION FOR AUTHORITY TO
TRANSACT BUSINESS IN ILLINOIS
Business Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834 www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to the Secretary of State.

SEF NOTE 1 CONCERNING PAYMENT.

FILED

NOV 1 8 2005

JESSE WHITE SECRETARY OF STATE

C458-339-5

| | g Fee \$ 150,00 | Franchise | | | . 1.1 1. * 1 | S | 5,00 | | |
|----------|---|--|---|---|--|--------------------------------------|---|--|---|
| Ċ, | Subm | t in duplicate | | ype or Print clearly i | n black ink | Do not write above | 176 H 10 | | |
| | (a) CORPORAT | E NAME: CI | BB Carrier S | ervices, Inc. | | | | | |
| | | | | | | | | | |
| | (Complete item 1 | (b) only if the | corporate | name is not ava | ilable in this state.) | | | | |
| | (b) ASSUMED (| TABOORAT | E NIANCE: | | | | | | |
| Ċ | | | | cornoration bea | reby agrees NOT to | ree its comoral | te name ir | the | |
| | | | | m BCA 4.15 is | | ass its corpora | to Hallio II | | |
| | | | <u></u> | | | | | | _ |
| | State or Country | 'irrinia | | Date of | Marramahan 2, 2005 | Period of | lemetral | | |
| | of Incorporation V | n Runa | i | Incorporation 2 | November 3, 2005 | Duration P | erpetuar | | |
| _ | | · | | | | | | | _ |
| | (a) Address of the | ne principal d | office, when | ever located: | (b) Address of p | rincipal office i | n Illinois: | | |
| | ************************************** | | | | | e, so state) | | | |
| | 150 West Bramblet | on Avenue | | | None | , | | | _ |
| | | | | | | | | | |
| | Norfolk VA 23510 |) | | | | | | | |
| | Norfelk, VA 23510 |) . | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | Norfolk, VA 23510 | | | | | | | · · · · · · | |
| | Norfolk, VA 23510 | | | | | | | | |
| | Norfolk, VA 23510 | | tered agent | t and registered | office in Illinois. | | | | |
| | Name and address | s of the regis | • | t and registered | office in Illinois. | | | - | |
| · · | | s of the regis | tion System | t and registered | · | | | | |
| | Name and address | s of the regis C T Corpora Fir | tion System | t and registered | office in Illinois. Middle Initial | Su | Last nam | 08 | |
| - | Name and address | of the regis C T Corpora Fir 208 S LaSali | tion System st Name le Street | t and registered | Middle Initial | Su | ite 814 | | |
| | Name and address | C T Corpora Fit 208 S LaSall | tion System | | · | Sui | ite 814 Suite # | | |
| | Name and address | of the regis C T Corpora Fir 208 S LaSali | tion System st Name le Street lumber | t and registered | Middle Initial Street | | ite 814 <i>Suite #</i> k | (A.P.C). Box alo | ine (e.) |
| | Name and address | C T Corpora Fit 208 S LaSall | tion System st Name le Street | | Middle Initial Street 60604 | | ite 814 Suite # | (A.P.C). Box alo | |
| | Name and address Registered Agent: Registered Office: | C T Corpora Fir 208 S LaSall A Chicago, | tion System st Name le Street lumber City | · IL | Middle Initial Street 60604 | Coo | ite 814 Suite # k County | (A.P.O. Box alo | |
| | Name and address Registered Agent: Registered Office: | C T Corpora Fir 208 S LaSall A Chicago, | tion System st Name le Street lumber City | · IL | Middle Initial Street 60604 ZIP Code | Coo | ite 814 Suite # k County | (A.P.O. Box alo | |
| g | Name and address Registered Agent: Registered Office: States and countricinia | C T Corpora Fir 208 S LaSall A Chicago, | tion System st Name le Street fumber City is admitted | IL or qualified to | Middle Initial Street 60604 ZIP Code transact business: (In | Coo | ite 814 Suite # k County incorpora | (A.P.O. Box alo le not acceptable tion) | in in its and |
| g | Name and address Registered Agent: Registered Office: States and countricinia | C T Corpora Fir 208 S LaSall A Chicago, | tion System st Name le Street fumber City is admitted | IL or qualified to | Middle Initial Street 60604 ZIP Code | Coo | ite 814 Suite # k County incorpora | (A.P.O. Box alo le not acceptable tion) | |
| g | Name and address Registered Agent: Registered Office: States and countricinia | C T Corpora Fir 208 S LaSall A Chicago, | tion System st Name le Street fumber City is admitted | IL or qualified to | Middle Initial Street 60604 ZIP Code transact business: (In | Coo | ite 814 Suite # k County incorpora | (A.P.O. Box alo le not acceptable tion) | |
| g | Name and address Registered Agent: Registered Office: States and countricinia Name and address | C T Corpora Fir 208 S LaSall Chicago, es in which it | tion System st Name le Street fumber City is admitted | IL or qualified to | Middle Initial Street 60604 ZIP Code transact business: (In | Coo | ite 814 Suite # k County incorpora | (A.P.O. Box alo le not acceptable tion) | |
| <u> </u> | Name and address Registered Agent: Registered Office: States and countri inia Name and address Name | C T Corpora Fir 208 S LaSall Chicago, es in which it | tion System st Name le Street fumber City is admitted a and direct | IL f or qualified to tors: (If more tha | Middle Initial Street 60604 ZIP Code transact business: (In | Coonclude state of additional office | ite 814 Suite # k County incorpora ters, attack | (A.P.O. Bloc alo le not acceptable tion) h list.) | IP |
| <u> </u> | Name and address Registered Agent: Registered Office: States and countri inia Name and address Name President Charles | C T Corpora Fir 208 S LaSall Chicago, Chicago, Res in which it ses of officers No. L. Watkins 2 | tion System st Name le Street fumber City is admitted s and direct & Street | IL f or qualified to lors: (If more that | Middle Initial Street 60604 ZIP Code transact business: (In an 3 directors and/or City Norfolk | Coonclude state of additional office | ite 814 Suite # Remark County incorpora ers, attact State A 235 | (A.P.O. Bloc allo is not acceptable tion) tion) h list.) | IP |
| | Name and address Registered Agent: Registered Office: States and countri inia Name and address Name | C T Corpora C T Corpora Fir 208 S LaSall Chicago, Chicago, Res in which it ses of officer No. L. Watkins 2 Friddell, III 1 | tion System st Name le Street fumber City is admitted s and direct & Street 53 Monticeli 50 West Bra | IL for qualified to tors: (If more that | Middle Initial Street 60604 ZIP Code transact business: (In an 3 directors and/or City Norfolk Norfolk | Coonclude state of additional office | ite 814 Suite # k County incorpora ters, attact State VA 235 VA 235 | (A.P.O. Bloc allo is not acceptable tion) tion) h list.) | IP IP |

Holding company

The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this

state: (If not sufficient space to cover this point, add one or more sheets of this size)

| 8. | 3. Authorized and issued shares: Number of Shares Number of Shares | | | | | | |
|-----|--|---|---|--|--|--|--|
| | Class Common | Series | Par Value None | Authorized 5,000 | !ssued 1,000 | | |
| | | | | | | | |
| | | | | | | | |
| | | ı | (If m | ore, attach list) | | | |
| 9. | Paid-in Capital | | 04.10-4 | 1,000.00 | al to the total of those appounts | | |
| | ("Paid-in Capit | ai replaces tr | ne terms Stated Capita | a Paio-in Surpius and is equ | al to the total of these accounts.) | | |
| 10. | corporation | n for the follow | | \$ | 000 | | |
| | | | total value of all the pro ving year that will be lo | | 0 <i>00</i> | | |
| | | | business of the corpor tere for the following ye | ration to be | 000 | | |
| | (d) State the e | estimated ann | ual business of the con | poration to be | | | |
| | transacted (Illinois: | by it at or from | m places of business in | the State of | 000 | | |
| 11. | Interrogatories | : (Important - | this section must be co | mpleted.) | | | |
| | (a) Is the corp (b) If the answ | oration transa er to item 11(| ecting business in this s (a) is yes, state the exa | itate at this time? WO | nd to transact business in Illinois: | | |
| 12. | This application the last ninety | is accompan (90) days, by | ied by a certified copy of the proper officer of the | f the articles of incorporation, a e state or country wherein the | s amended, duly authenticated, within corporation is incorporated. | | |
| 13. | | | | cation to be signed by a duly a true. (All signatures must be | authorized officer, who affirms, under in BLACK INK.) | | |
| | Dated Novemb | er 10 | 2005 | CBB Carrier Service | | | |
| | Q _r | (Month & Day) Authorized Of an Goetz, Assis (Print Name | ficer's Signature) stant Secretary | (Exa- | ct Name of Corporation) | | |

PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filed.

FORM **BCA 13.15** (rev. Dec. 2003) **APPLICATION FOR AUTHORITY TO** TRANSACT BUSINESS IN ILLINOIS **Business Corporation Act**

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 Telephone (217) 782-1834 www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to the Secretary of State. SEE NOTE 1 CONCERNING PAYMENT! FILED

NOV 1 8 2005

JESSE WHITE SECRETARY OF STATE

CUS8-339-5



Doc#: 0532627071 Fee: \$26.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 11/22/2005 12:16 PM Pg: 1 of 2

| | t in duplicate | Type or Print clearly | in black ink | Do not write above this line | |
|---|--|--------------------------|--|--|--|
| | | | | | |
| (a) CORPORAT | E NAME: CBB Carrier S | services, inc. | | | |
| (Complete item 1 | (b) only if the corporate | name is not av | ailable in this state.) | | |
| | • • | | | | |
| | CORPORATE NAME: _ | | | | |
| | this assumed name, the of business in Illinois. Fo | | | use its corporate name i | n the |
| transaction o | of dusiness in Illinois. Po | Offit BCA 4. 15 is | s allached.) | | |
| State or Country | | Date of | | Period of | |
| of Incorporation V | irginia | Incorporation | November 3, 2005 | Duration Perpetual | |
| | | • ; | | | |
| (a) Address of the | he principal office, when | rever located: | (h) Address of n | rincipal office in Illinois: | |
| (a) Address of a | ne prakcipal office, when | ever located. | | e, so state) | |
| 150 West Bramblet | on Avenue | | None | | |
| | | | | $\label{eq:continuous} \begin{array}{cccccccccccccccccccccccccccccccccccc$ | |
| Norfolk, VA 23510 | J | | | | |
| | and the second of the second o | | | | |
| | er e | 41 | | | |
| | | | | | |
| Name and address | s of the registered ager | nt and registered | d office in Illinois. | | |
| and the second second | • | - A | d office in Illinois. | | |
| | C T Corporation System | - A | | l ast nar | 77e |
| Registered Agent: | C T Corporation System First Name | - A | d office in Illinois. Middle Initial | Last nar Suite 814 | |
| Registered Agent: | C T Corporation System | 1 | Middle Initial Street | Suite 814 | |
| Registered Agent: | CT Corporation System First Name 208 S LaSalle Street Number Chicago, | - A | Middle Initial Street 60604 | Suite 814 Suite 8 Cook | (A.P.O. Box at he not acceptable |
| Registered Agent: | C T Corporation System First Name 208 S LaSalle Street Number | 1 | Middle Initial Street | Suite 814 Suite 8 | (A.P.O. Box all is not acceptable |
| Registered Agent: Registered Office: | C T Corporation System First Name 208 S LaSalle Street Number Chicago, City | IL | Middle Initial Street 60604 ZIP Code | Suite 814 Suite 9 Cook County | (A.P.O. Box all is not acceptable |
| Registered Agent: Registered Office: | C T Corporation System First Name 208 S LaSalle Street Number Chicago, City | IL | Middle Initial Street 60604 ZIP Code | Suite 814 Suite 8 Cook | (A.P.O. Box all is not acceptat |
| Registered Agent: Registered Office: | C T Corporation System First Name 208 S LaSalle Street Number Chicago, City | IL | Middle Initial Street 60604 ZIP Code | Suite 814 Suite 9 Cook County | (A.P.O. Box all is not acceptable |
| Registered Agent: Registered Office: States and countri | C T Corporation System First Name 208 S LaSalle Street Number Chicago, City es in which it is admitte | IL ed or qualified to | Middle Initial Street 60604 ZIP Code transact business: (I | Suite 814 Suite 8 Cook County nclude state of incorpora | (AP.O. Box since not acceptate |
| Registered Agent: Registered Office: States and countri | C T Corporation System First Name 208 S LaSalle Street Number Chicago, City es in which it is admitte | IL ed or qualified to | Middle Initial Street 60604 ZIP Code transact business: (I | Suite 814 Suite 9 Cook County | (AP.O. Box since not acceptate |
| Registered Agent: Registered Office: States and countri | C T Corporation System First Name 208 S LaSalle Street Number Chicago, City es in which it is admitte | IL ed or qualified to | Middle Initial Street 60604 ZIP Code transact business: (I | Suite 814 Suite 8 Cook County nclude state of incorpora | (AP.O. Box sit is not acceptable) ation) |

C-171.15

COPY

Guy R. Friddell, III 150 West Brambleton Avenue Norfolk

RECORDING DES BOX 170

23510

Director

Director Director

Holding company

The purpose or purposes for which it was organized which it proposes to pursue in the transaction of business in this

state: (If not sufficient space to cover this point, add one or more sheets of this size)

| | <u> </u> | · · · · · · · · · · · · · · · · · · · | | <u> </u> | <u> </u> |
|-----|--|---|--|--|-----------------------|
| 8. | Authorized and issued shares: Class Series | Par Value | Number of Shares Authorized | Number of Si Issued | nares |
| | Common | None | 5,000 | 1,000 | |
| | | · | | | |
| | | | | | |
| | the state of the s | (if m | ore, attach list) | | |
| 9. | Paid-in Capital: \$("Paid-in Capital" replaces the t | erms Stated Capital | 1,000.00 & Paid-in Surplus and is | equal to the total of these a | iccounts.) |
| 10. | (a) Give an estimate of the total corporation for the following (b) Give an estimate of the total corporation for the following (c) State the estimated total but transacted by it everywhere (d) State the estimated annual transacted by it at or from pullinois: | g year: al value of all the progression of all the progression of the corporation of the | s_ experty* of the cated in Illinois: \$_ ation to be ar: \$_ coration to be | 1000 1000 1000 | |
| 11. | Interrogatories: (Important - this (a) Is the corporation transactir (b) If the answer to item 11(a) it | ng business in this s | tate at this time? | nced to transact business i | n Illinois: |
| 12. | This application is accompanied the last ninety (90) days, by the | by a certified copy of proper officer of the | the articles of incorporation state or country wherein | n, as amended, duly authen the corporation is incorpora | licated, within ated. |
| 13. | The undersigned corporation has penalties of perjury, that the fac | | | | iffirms, under |
| • | Dated November 10 | 2005 | CBB Carrier Se | rvices, Inc. | |
| ٠. | (Month & Day) | (Year) | | Exact Name of Corporation) | |
| | MOOL) | · Colle | _ | | |
| | Any Authorized Officer Susan Goetz, Assistant | | | | |
| | (Print Name and | | - . | | |
| * - | 4 | | | | |

PROPERTY as used in this application shall apply to all property of the corporation, real, personal, tangible, intangible, or mixed without qualifications.

Note 1: Payment in connection with this application must be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order made payable to the "Secretary of State". The minimum fee due upon qualification is \$175. Any additional fees will be billed and must be paid before this application can be filled.

SECORDING DESIGNATION 170